2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

- FILED Feb 04, 2004 08:00 AM DOCUMENT# P02000001142 1. Entity Name **Secretary of State** JENNIFER BROWN CONSTRUCTION CLEAN-UP INC. Principal Place of Business Mailing Address 13505 WILD CITRUS ROAD SARASOTA FL 34240 13505 WILD CITRUS ROAD SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 30-0001966 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, JENNIFER S Street Address (P.O. Box Number is Not Acceptable) 13505 WILD CITRUS ROAD SARASOTA FL 34240 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fronda. I am familiar with, and accept the obligations of registered agent. consture required when FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change Addition TITLE Delete TITLE BROWN, JENNIFER S NAME NAME U00000033346 13505 WILD CITRUS ROAD STREET ADDRESS STREET ADDRESS 02/05/04-80039-022 150.00 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 TITLE ☐ Defete Change Addition BROWN, JEFFREY L NAME NAME STREET ADDRESS 13505 WILD CITRUS ROAD STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS City-S1-7iP CITY-ST-ZIP HILE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if